

Delegated decision report

DECISION UNDER DELEGATED POWERS

DECISION CANNOT BE TAKEN BEFORE THURSDAY, 3 MAY 2012

Title	CONSULTATION ON THE DEVELOPMENT OF LOCAL HEALTHWATCH
Report to	THE CABINET MEMBER FOR ADULT SOCIAL CARE, HOUSING AND COMMUNITY SAFETY AND THE CABINET MEMBER FOR CHILDREN'S SERVICES AND EDUCATION

EXECUTIVE SUMMARY

1. This report sets out the proposal to consult the local community and key stakeholders concerning the development of a local Healthwatch body for the Isle of Wight. Under the Health & Social Care Act 2012, the Isle of Wight Council is placed under a duty to commission a Healthwatch organisation for their local area by April 2013. Healthwatch will carry out a number of statutory functions and will act as a new consumer champion, strengthening the collective voice and influence of local people in relation to publicly funded health and social care.
2. Although the council is not statutorily required to consult, it considers it important to give the local community an opportunity to share their views on how Healthwatch will be developed on the Island. This will ensure that it can successfully fulfil its statutory functions and overall aims, as a representative body for local people in connection with health and social care issues.
3. The consultation plan (appended) has been drafted with the input of the existing Local Involvement Network (LiNK) - the current consumer champion - and People Matter, the user-led organisation for people with disabilities and long-term health conditions – and aims to provide a variety of opportunities to enable local people to contribute their views.

BACKGROUND

4. Through the Health and Social Care Act 2012 and the White Paper 'Equity and excellence: Liberating the NHS', the government has signalled its vision for NHS reforms, in which it says the NHS should "be genuinely centred on patients and carers" and "give citizens a greater say in how the NHS is run". One of the main ways the government intends to do that is by creating a new consumer champion – Healthwatch. It will exist in two distinct forms – local Healthwatch, (to be established by April 2013) and Healthwatch England at a national level (from October 2012).
5. Healthwatch will be designed to strengthen the collective voice of local people across both health and social care to enable them to influence the strategies and plans on which local commissioning decisions will be based. One of the ways in which it will do this is by a

representative of the local Healthwatch organisation having a seat on their local authority's statutory health and wellbeing board.

6. Local Healthwatch will gather people's views on, and experiences of, the health and social care system (whether current users of the services or not) and will be required to ensure that insight is gained from the broadest possible scope of the community; championing diversity so that it is inclusive, particularly for those whose voice might not otherwise be heard.
7. Local Healthwatch will also be there to support individuals by:
 - providing information and advice to the public about accessing health and social care services and choice in relation to aspects of those services;
 - potentially providing or, at the very least, signposting people to complaints advocacy services;
 - making the views and experiences of local people known to Healthwatch England helping it to carry out its role as national champion;
 - making recommendations to Healthwatch England/the Care Quality Commission (CQC) to carry out special reviews or investigations into areas of concern;
 - promoting and supporting the involvement of people in monitoring, commissioning and provision of local care services;
 - obtaining the views of people about their needs for and experience of local care services and make those views known to those involved in the commissioning, provision and scrutiny of care services
 - making reports and recommendations about how health and social care services could be improved.
8. Local authorities in England will have a duty to commission a local Healthwatch organisation for their area and will receive funding from the government to do this (specific amount yet to be confirmed). It is intended that these organisations will be non-statutory corporate bodies (social enterprises) which allow them to employ staff in addition to involving volunteers in their work to fulfil these statutory functions.
9. The Local Involvement Network (LiNK) which currently fulfils some similar functions, particularly those in relation to information and signposting, will cease to exist from the end of March 2013. Further work is underway to ensure that the work already being undertaken by the LiNK, and the support of the volunteers involved in this key group, is not lost as the new Healthwatch organisation is established. Funding for the LiNK will be maintained until the end of March 2013 to enable it to complete its current work plan and to ensure the public's views continue to be represented.

STRATEGIC CONTEXT

10. In the context of its overall vision, the council is striving to provide services which meet the needs of the local community within the limited resources available to it. Central to that are the council's priorities within its Corporate Plan to supporting older and vulnerable residents and keeping children safe, which it seeks to achieve through its social care services, policies and plans.
11. The council is also committed through the Eco Island sustainable community strategy to creating a healthy and supportive Island and has established a shadow Health and Wellbeing Board to help improve the health and wellbeing of the Island community and to reduce health inequalities, as required by the Health and Social Care Act 2012.
12. The Health and Wellbeing Board is required to have a representative from the local Healthwatch organisation as part of its membership structure, to ensure the views and

experiences of the local community can be contributed (through Healthwatch) to the work of the board. While the board exists in shadow form (until April 2013), this place on the board has been taken up by a LINK representative.

13. The council and its health partners have also, through the establishment of a joint consultation and engagement strategy (Dec 2011), reinforced their commitment to effectively engage and involve the Island community in helping shape decisions designed to make the Island a better place to live and work.

CONSULTATION

14. The Isle of Wight is part of one of the government's 75 pathfinder projects for the development of local Healthwatch. The Southampton, Hampshire, Isle of Wight and Portsmouth (SHIP) pathfinder, formed with Southampton, Hampshire and Portsmouth local authorities, has been working to share experience and explore the potential for aspects of joint procurement of local Healthwatch, should this be beneficial to each local community.
15. As part of this project, two information gathering events were held; one in Winchester and one on the Island to raise awareness of Healthwatch, answer questions and to gather initial views from the community. The Island event, held in November 2011, was attended by 44 community organisations and the information collated from both events has been used to inform the on-going work of the pathfinder group.
16. The feedback from the event on the Island (detailed in the background papers) recognised that it was early in the process and that information was still emerging about the development of local Healthwatch, but those attending also made it clear that:
 - lessons could be learned from the establishment of the LINK;
 - it was important that Healthwatch was independent of the council and NHS;
 - it needed to take into account existing community groups;
 - ensure meaningful community engagement, including the seldom heard;
 - involve the right people and have good, strong leadership;
 - needed a local solution;
 - needed to be flexible and less constrained.
17. As more information and guidance has now emerged around the development of local Healthwatch, there is an opportunity to re-engage the community on a wider basis through further consultation to help the commissioning process. A consultation and communication plan has therefore been developed (see Appendix) and the views of the LINK and People Matter have been sought and amendments made to the plan as a result.

FINANCIAL/BUDGET IMPLICATIONS

18. The cost of the consultation exercise, is £5,250. The majority of these costs are covered by funding of £5,000 from the Department of Health. The remainder will be recovered from existing service budgets.

CARBON EMISSIONS

19. The recommendation has no impact on the council's carbon emissions or Carbon Management Plan

LEGAL IMPLICATIONS

20. Local authorities are placed under a duty under s183 of the Health and Social Care Act 2012 to commission arrangements for a local Healthwatch organisation for their area by April 2013. The arrangements must be made with a body corporate which is:
- a) a social enterprise; and
 - b) satisfies any criteria as may be prescribed by regulations made by the Secretary of State.
21. Additionally, under the Health and Social Care Act 2012, each local authority must arrange appropriate independent advocacy services.
22. Whilst there is no legal duty to consult on the development of the local Healthwatch, guidance states that there is an expectation that the organisational form that is commissioned by the Local Authority will be based on thorough assessment of the needs and wishes of their community.

EQUALITY AND DIVERSITY

23. To ensure local Healthwatch is a “strong voice for local people” the government makes it clear that Healthwatch will “need to carry out its functions in an inclusive way, championing diversity, so that it can be an enabler of user and carer involvement and service improvement on behalf of the whole community, particularly for those whose voice might not otherwise be heard”. (*Department of Health paper Local Healthwatch: A strong voice for local people – the policy explained 2 March 2012*)
24. The council also has statutory obligations under the Equality Act 2010; to have due regard to eliminate unlawful discrimination, promote equal opportunities between people from different groups and to foster good relations between people who share a protected characteristic and people who do not share it. The protected characteristics are: age, disability, gender reassignment, marriage and civil partnership, pregnancy and maternity, race, religion or belief, sex and sexual orientation.
25. The council has also committed, through its joint Consultation and Engagement Strategy, “to ensure that we are inclusive in our approach by enabling everyone the opportunity to have their opinions heard regarding the services used by or available to them”. The consultation and communications plan therefore indicates how this will be built into the development stage of local Healthwatch to ensure the widest possible representation of the community’s views.
26. It is also proposed within this plan that volunteer support is utilised to help enable a wider input from the community and that role is recognised and reimbursed as part of the pathfinder funds provided.
27. The government has prepared an equality impact assessment for the introduction of local Healthwatch, links to which can be found in the background papers, however, a local version will be produced as part of the consultation documentation and adjusted according to feedback throughout this process.

PROPERTY IMPLICATIONS

28. There are no property implications associated with this decision report.

OPTIONS

- 29. Option 1: To consult with the local community on the development of a local Healthwatch for the Isle of Wight.
- 30. Option 2: To not consult with the community on the development of a local Healthwatch for the Isle of Wight and instead to proceed straight to commissioning a corporate body to deliver the statutory functions of local Healthwatch.

RISK MANAGEMENT

- 31. While there is no statutory requirement to consult on the development of local Healthwatch and, as an authority, we have not set any expectations that we will do so, the risks of not consulting the community are that we could be criticised for not engaging with residents, that we establish a body that does not represent the needs of the community, or that we fail to assemble the best possible membership of Healthwatch.
- 32. There was also a clear indication at the early information gathering event that there were historical concerns about how the predecessors to local Healthwatch; most recently the LINK and, prior to that, community health councils, had been established and whether this gave these bodies the ability to function as effectively as they might have done. With more flexibility being given to local authorities to find a local solution for Healthwatch, the early involvement of the community in shaping its future could help its likelihood of success and help to mitigate against the risk of local Healthwatch not gaining the support of the community.
- 33. Funding has been made available from the Department of Health for pathfinder authorities for the suggested purposes of either demonstrating testing elements of proposed Healthwatch functions, stakeholder events to involve local people, developing wider community engagement, rewarding and reimbursing volunteers (particularly from the LINK) for their contribution and contributing to the regional network to accelerate shared learning and there is a risk that these funds would need to be repaid, if not used for this purpose.

EVALUATION

- 34. The Health & Social Care Act 2012 sets out a clear expectation of local authorities to have commissioned a local Healthwatch for their area by April 2013 so that all local people can have a strong voice in influencing the shaping and improvement of health and social care services.
- 35. Under the Equality Act 2010 and in particular, the Public Sector Equality Duty (section 149) part of the Act, the council must have due regard to eliminate discrimination, advance equality of opportunity and foster good relations as it carries out its public functions, for example the delivery of local public services to local people. The council has a duty to ensure that the policies and services it provides are efficient and effective: accessible to all; and meet different people's needs.
- 36. In commissioning Healthwatch the council will need to ensure that it seeks to include the whole community in an inclusive way, championing diversity to enable everyone's voice to be heard.
- 37. Earlier information gathering events have indicated that the community has important views about how local Healthwatch could and should develop.

38. While not a statutory requirement, with pathfinder funding available for this purpose, it is recommended that the council uses this opportunity for early involvement and consultation with the public in developing a local Healthwatch for the Isle of Wight.

RECOMMENDATION

39. Option 1 - To consult with the local community on the development of a local Healthwatch for the Isle of Wight.

APPENDICES ATTACHED

40. [APPENDIX](#) - Draft Consultation and communications plan for Healthwatch.

BACKGROUND PAPERS

41. Department of Health policy document, Local Healthwatch: A strong voice for people
– The policy explained:
http://www.dh.gov.uk/en/Publicationsandstatistics/Publications/PublicationsPolicyAndGuidance/DH_133286
42. Health and Social Care Act 2012:
<http://www.legislation.gov.uk/ukpga/2012/7/contents/enacted/data.htm>
43. Department of Health Coordinating documents for the Impact Assessments and Equality Impact Assessments for January 2011 and updated September 2011
http://www.dh.gov.uk/en/Publicationsandstatistics/Publications/PublicationsLegislation/DH_123583
44. Isle of Wight Healthwatch event feedback
<http://www.iwight.com/azservices/documents/Healthwatch-event-responses-binder.pdf>

Contact Point: Claire Robertson, Strategic Manager, Resident Information and Consultation
Tel: 01983 821000, email: claire.robertson@iow.gov.uk

IAN ANDERSON

COUNCILLOR
DAWN COUSINS

COUNCILLOR
ROGER MAZILLIUS

*Strategic Director
Community Wellbeing and
Social Care*

*Cabinet Member
Children's Services and
Education*

*Cabinet Member
Adult Social Care, Housing and
Community Safety*

Decision

Signed

Date